

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI			OFFICE USE ONLY CITY OF SAN ANTONIO CITY CLERK RECEIVED APR 29 P 2 32	
	NICKNAME LAST SUFFIX				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received
		P.O. Box 201257 San Antonio TX 78220			Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI			Receipt # Amount	
	NICKNAME LAST SUFFIX			Date Processed	
		Clinton Maynard			Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #; CITY; STATE; ZIP CODE				
	5515 Kless San Antonio TX 78242				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
	(210) 978-1715				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year				
	03 / 25 / 2003    04 / 23 / 2003				
10 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
	05 / 03 / 2003		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
	NA		City Council District 2		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name none Address / PO Box; Apt. / Suite #; City; State; Zip Code none <input type="checkbox"/> additional pages				
GO TO PAGE 2					

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**
**14 C/OH NAME***Sandra Martinez***15 ACCOUNT # (Ethics Commission files)***N/A***16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC☐ additional pages*N/A***COMMITTEE NAME***NA***COMMITTEE ADDRESS***NA***COMMITTEE CAMPAIGN TREASURER NAME***NA***COMMITTEE CAMPAIGN TREASURER ADDRESS***NA***17 NO REPORTABLE  
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ *0.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *950.00***EXPENDITURE  
TOTALS**

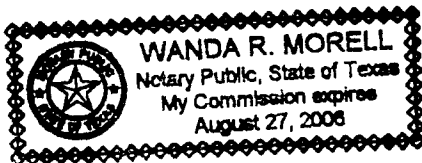
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ *0.00*

4. TOTAL POLITICAL EXPENDITURES

\$ *150.00***OUTSTANDING  
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0.00***19 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Sandra Martinez*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Sandra Martinez*, this the *25th* day of *April*, 20 *03*, to certify which, witness my hand and seal of office.

*Wanda R. Morell*  
Signature of officer administering oath

WANDA R Morell  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

①

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission filers)

n/a

4 Date

04-02-03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Eleanor R. Dulles

6 Contributor address; City; State; Zip Code

9306 Village Dr.

San Antonio, Texas 78217

7 Amount of  
contribution (\$)

100.00

8 In-kind contribution  
description (if applicable)

n/a

9 Principal occupation (Optional)

10 Employer (Optional)

Date

04-06-03

Full name of contributor

☐ out-of-state PAC (ID#)

Gilbert Morillo

Contributor address; City; State; Zip Code

306 Braham Blvd

San Antonio TX 78215

Amount of  
contribution (\$)

200.00

In-kind contribution  
description (if applicable)

n/a

Principal occupation (Optional)

Employer (Optional)

Date

04-04-03

Full name of contributor

☐ out-of-state PAC (ID#)

~~ELIA T Dulles~~ Richard Lea I

Contributor address; City; State; Zip Code

707 Channel Cir.

San Antonio TX 78232

Amount of  
contribution (\$)

150.00

In-kind contribution  
description (if applicable)

n/a

Principal occupation (Optional)

Employer (Optional)

Date

04-17-03

Full name of contributor

☐ out-of-state PAC (ID#)

Mastercraft Plumbing

Contributor address; City; State; Zip Code

16539 IH-35 Bldg #1

San Antonio TX 78154

Amount of  
contribution (\$)

500.00

In-kind contribution  
description (if applicable)

n/a

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements

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CITY CLERK  
2003 APR 29 P 2:32



**PLEDGED CONTRIBUTIONS**

N/A

**SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule B1:

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission files)

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date

6 Full name of pledgor

☐ out-of-state PAC (ID#:8 Amount of  
pledge (\$)9 In-kind description  
(if applicable)

7 Pledgor address; City; State; Zip Code

10 Principal occupation (optional)

11 Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation (optional)

Employer (optional)

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**LOANS****SCHEDULE E**

N/A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME

Sandia Martinez

**3** ACCOUNT # (Ethics Commission filers)

N/A

**4**

TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a financial institution?

Y N

**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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 If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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CITY CLERK  
2003 APR 29 P 2332

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages: Schedule F:

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Payee name

~~Street~~ M

7 Amount (\$)

M

6 Payee address; City; State; Zip Code

~~12070~~

8 Purpose of payment (See instructions regarding type of information required.)

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

John Edenfield

Payee address; City; State; Zip Code

3946 Southport  
San Antonio TX 78223

Amount (\$)

150.00

Purpose of payment (See instructions regarding type of information required.)

Computer List

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

N/A

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

03-24-03

5 Payee name

De Marco Bertetti Ins.

6 Payee address; City; State; Zip Code

1380 W. Hildebrand  
San Antonio TX 78201

8 Amount (\$)

68.00

7 Purpose of expenditure (See instructions regarding type of information required.)

Headquarters Liability Monthly Pymt

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

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2003 APR 29 2:32  
☐ Reimbursement  
from political  
contributions  
intended

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# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

**5** Business name

**7** Amount  
(\$)

**6** Business address; City; State; Zip Code

**8** Purpose of payment (See instructions regarding type of information required.)

**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

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